

Health Information Technology Commission
Minutes

Date: Thursday, December 15, 2011
2 – 4:00 p.m.

Location: MDCH
1st floor Capital View Bldg
Conference Room B&C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Greg Forzley, M.D. – Chair
Toshiki Masaki – Vice Chair
David Behen
Mark Notman
Dennis Swan
Larry Wagenknecht, R.Ph.
Joseph Hohner
R. Taylor Scott, D.O.
Michael Chrissos, M.D.

Commissioners Absent:

Tom Lauzon
Olga Dazzo

Staff:

Beth Nagel – MDCH

Guests:

Andrea Walrath
Bruce Wiegand
Megan Petzko-Sweet
Jeff Shaw
James Gartung
Suzina Orelli
Doug Alberts
Jason Werner
Dave Durkee
Ed Dore
Deb Mosher
Rebecca Blake
Melissa Cupp

Angela Cloch
Liziane Goleoizzi
Samer Naser
Clare Tanner
Doug Dietzman
Mark Dickens
George Peterman
Jama L Solman
Sharon Leenhouts
Kim Sibilsky

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, December 15, 2011 at the Michigan Department of Community Health with nine Commissioners present including the Chair and Vice Chair.

A. Welcome

1. Commission Chair, Greg Forzley, M.D. welcomed new HIT Commissioner, Michael Chrissos, M.D. to the Commission. Commissioner Chrissos introduced himself to the other Commissioners.

B. Review and Approval of 10-20-11 meeting minutes

1. Minutes of the 10-20-11 meeting were approved and will be posted to the HIT Commission website following this meeting.

C. Dashboard for MI HIT Initiatives

1. **Updated Dashboard:** Beth Nagel gave an overview of changes made to the MI HIT Dashboard based on the recommendations of the Commission at the previous meeting. The main change was adding links to each of the initiatives on the December report that will be posted online. Every section was updated except for the sub-state HIE section, which will be updated the next quarter.
2. **Discussion: Modifications and/or Revisions:** The HIT Commission asked if archives of the dashboard could be listed online. Nagel agreed to find a place to put those on the HIT Commission website without adding clutter. The Commission also asked to have a way to show the longitudinal trends of the programs – more than is currently listed. Also, since each initiative is using a different timeframe, the HIT Commission asked if the dates could be more clearly marked.

D. HIT Commission Annual Report to the Legislature

1. **Review of Annual Report Outline:** Beth Nagel presented an overview of the report as it has been drafted and edited by the HIT Commission via email between the previous meetings.
2. **Discussion of Edits:** One recommendation was presented that security should be mentioned in the HIT Consumer education section.
3. **Commission Action:** Vice-Chair Masaki moved and Commissioner Behen seconded that the 2011 HIT Commission Annual Report to the legislature is approved for distribution by the HIT Commission with the noted edit of adding security into the HIT Consumer education section. The motion carried with zero abstentions.

E. M-CEITA

1. **Report on Progress:** Andrea Walrath from Altarum provided an update on the M-CEITA program. Walrath reported that M-CEITA has exceeded their recruitment milestones by over 100 providers. The program has moved from recruiting and outreach to now focusing on helping providers to meet meaningful use objectives. Walrath noted that each provider office is different and it can take between three and nine months to meet the meaningful use requirements. The financial picture of M-CEITA was presented and it was noted that M-CEITA will meet be half way through the four year grant in February 2012.
2. **Answers to Questions From the Last HIT Commission Meeting:** Walrath also answered the following questions that the HIT Commission asked at the previous meeting:
 - i. Pricing structure: Walrath presented the M-CEITA pricing structure and noted that there is a sliding scale based on multiple factors of \$0 to \$500.
 - ii. Provider Input: M-CEITA is getting the input from practicing provider by holding a steering committee, getting feedback from customers and customer satisfaction surveys.
 - iii. M-CEITA sustainability: Walrath noted that M-CEITA is charged by the ONC to continue as a resource for Michigan's providers after the grant period has ended. M-CEITA is currently working with other Regional Extension Centers nationwide to develop sustainability strategies and is seeking to stay a non-profit entity. M-CEITA will request input and feedback on their sustainability strategy.
3. **Discussion – Public Input:** The HIT Commission requested public input on the M-CEITA program. Two sets of written comments were received and are available as an attachment to these minutes. The following comments were offered orally.
 - i. Deb Mosher, Great Lakes Health Information Exchange: Mosher asked that M-CEITA 1) provide education to providers on the benefits of health information exchange and 2) M-CEITA can incorporate language into their EMR contracts in the original sale of the EHR to ensure that the physician is able to connect their EMR to an HIE so they can electronically send and receive clinical data about their patients.
 1. Commissioners asked Mosher what should be done about providers that have already purchased an EHR. Mosher responded that getting EHR vendors to provide timely interfaces to HIEs is a national struggle.
 - ii. Mark Dickens, Michigan Association of Family Physicians: Dickens reported that the road to meaningful use is complex and family physicians need help from the very beginning of the process through the very end. M-CEITA only offers a portion of the help that is needed to fully assist providers. Dickens noted that providers need to have a full workflow redesign so that they do not lose too much

1. The HIT Commission asked Dickens if the problem with M-CEITA could stem from the change from a multi-stakeholder board for input to Altarum leading the program charge with input from the HIT Commission. Dickens did not know if that is the source of the problem. Andrea Walrath noted that there could be a branding issue between the contractors and the program.
4. **Discussion – HIT Commission:** The HIT Commission requested that M-CEITA follow up with a review of the most recent customer satisfaction survey. The HIT Commission noted that it would be most helpful to see the satisfaction results presented by sub-contractor and by the level of adoption in the provider's office. This level of detail could help the HIT Commission understand the gaps that need to be filled. The HIT Commission discussed that M-CEITA or other organizations that provide these services will have a lot of work to do as the measures for Meaningful Use stages two and three are determined. The HIT Commission noted that it is possible the issues experienced by MAFP members are due to the amount of federal funding available to M-CEITA and the scope defined by the federal program.

F. State of Michigan Health Information Exchange

1. **Review & Update on Progress:** Laura Rappleye from MDCH and Paul Groll from the Michigan Department of Technology Management and Budget provided information on how the state of Michigan is preparing to support Michigan's hospitals and providers in achieving the Meaningful Use. In Meaningful Use stage one there are three public health measures that require providers to submit information electronically to state of Michigan systems. There is a two step process for meeting the criteria. First, a test message must be generated. Second, follow-up submission starts after a successful test message this requires transportation specifications. The goal of the State of Michigan HIE is to simplify the process for testing and follow-up submission
2. **Next Steps:** The next steps are to finish developing the specifications for the follow-up transmission and to prepare the state of Michigan's infrastructure to accept the data through MiHIN from a sub-state HIE. Rappleye reported that phase 1 is to send information from providers to the MDCH public health systems. Rappleye asked the HIT Commission what they would like to see as part of phase 2.

3. **Discussion - Commission Input:** The HIT Commission discussed that the next phase of public health data should include sending immunization histories and immunization forecasting back to providers. The HIT Commission also agreed that lab data from the state lab should also be sent back to providers. It was also discussed that it would be beneficial for all mandatory reporting to the state to go electronically from a providers' EHR to the state systems. The HIT Commission discussed that the use cases that provide benefit to providers should be prioritized for any others.

G. Commissioner Updates

1. Commissioner Larry Wagenknecht went through the MiHIN updated and noted that the HIT Commission will play a key role in the next steps.
2. Commissioner Mark Notman reported that Michigan State University is exploring student clinical opportunities with the Beacon Community Collaborative.
3. Beth Nagel reported that MDCH has a new ONC project officer. Nagel noted that the ONC all grantee meeting in November focused heavily on consumer health information technologies.
4. Commission Chair Greg Forzley asked the Commissioners if they found the public input session for M-CEITA helpful. HIT Commissioners generally found the input helpful and found that more communication is helpful, but that it would be important for the HIT Commission to ask more specific questions for future sessions.

H. Public Comment

1. George Peterman announced that he is developing an HIE for 700 independent physicians in the Genessee, Lapeer, and Shiawassee area. Their plan is to develop a product that can be used all over the U.S.
2. Bruce Wiegand noted that HIT adoption throughout the state must focus on transformation not just automation.
3. Clare Tanner said that today's meeting was helpful in her work with local providers.
4. David Olmstead noted that his office is currently experiencing many of the challenges noted today as they are going through their EHR transformation.
5. David Durkee said that he appreciated today's comments because HIT needs to focus on the patient's perspective and needs to focus more on engaging the patient.

I. Adjourn

1. Meeting Adjourned at 3: 58 p.m.





Michigan Health Information Technology Commission

December 15, 2011

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275

Agenda

- A. Welcome & Introductions**
- B. Review of 10-20-11 meeting minutes**
- C. Dashboard for Michigan HIT Initiatives**
- D. HIT Commission Report to the Legislature**
- E. M-CEITA – Update and Public Input**
- F. State of Michigan HIE**
- G. Commissioner Updates**
- H. Public Comment**
- I. Adjourn**



Updated HIT Dashboard


Review of Updated Dashboard -- Beth Nagel

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Dashboard Update

- **Added to HIT Commission Website**
 - Under “Documents”
- **All areas updated**
 - Except Sub-state HIEs which are quarterly

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MiHIN Shared Services

| Michigan Health Information Network (MiHIN) | | |
|---|--------|--|
| Milestone | Status | Notes |
| Governance Created & Implemented | Green | Complete: creation and implementation complete and is fully operational |
| Technology Purchased and Implemented | Green | First phase procurement finalized and implementation kick off held October 27 with continued progress in scheduling first steps. |
| Integration with State of Michigan HIE (SOMHIE) | Green | Technical kickoff in October, continued progress on first steps and MiHIN participation in SOMHIE planning |
| Connect Sub-State HIEs to MiHIN Shared Services | Green | Dependent on Implementation and sub-state HIE progress |
| Statewide HIE Available to Every MI Provider | Green | Funding for 4 sub-state HIEs has been approved by the ONC and ONC is reviewing one other proposal |
| Planning for Second Phase of Technology | Green | Planning underway |
| Financial Sustainability Identified & Implemented | Green | Initial planning process identified and underway |

- MiHIN provided update in HIT Commissioner packets

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State of MI HIE

| State of Michigan (SOM) HIE Measure | Updated 12/09/11 - monthly | | Goal | Status |
|--|----------------------------|---------|---------|--------|
| | Previous | Current | | |
| # of Eligible Professionals meeting MU for Public Health | 422 | 537 | 29,302* | Green |
| # of Eligible Hospitals meeting MU for Public Health | 46 | 56 | 174* | Green |
| Data sharing through a connection with MiHIN Shared Services | | | | Green |

- SOM HIE on today's agenda to discuss progress

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Medicaid EHR Incentives

| Medicaid EHR Incentive Program Measure | Updated 12/09/11 - monthly | | Goal | Status |
|---|----------------------------|--------------|--------------|--------|
| | Previous | Current | | |
| # of Eligible Professionals receiving Medicaid Incentives | 286 | 417 | 2,300 | Green |
| # of Eligible Hospitals receiving Medicaid Incentives | 13 | 54 | 130 | Green |
| Amount of Federal Medicaid Incentive Funding Expended | \$19,047,196 | \$55,301,023 | \$40 million | Green |

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M-CEITA

| Michigan Center for Effective IT Adoption (M-CEITA) Measure | Updated 12/09/11 - monthly | | Goal | Status |
|--|----------------------------|---------|-------|--------|
| | Previous | Current | | |
| # of Providers Signed Up to Use M-CEITA Services | 2,786 | 3,821 | 2,979 | Green |
| # of Providers Go-Live on EHRs | 859 | 1,324 | 1,303 | Green |
| # of Providers Reaching Meaningful Use | 12 | 84 | 37 | Green |

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Beacon

| Beacon Community Collaborative | | |
|--|--------|--|
| Milestone | Status | Notes |
| Clinical Transformation | Green | Activities include: 48 practice sites (36 min required), approx 120 PCPs, 13,491 diabetic patients (4000 min), 183,208 total patients affiliated with Beacon practices for CT intervention engaged to date; patient navigators for patient engagement (roll-out of 5 PHNs w/226 patients to date; target of 300 patients by year end); mobile health soft launch late November with public launch January 2012, and ED intervention to launch in Q1 2012. Pharmacy initiative (both ambulatory and IP-OP care transition) in planning process. |
| Information Technology | Yellow | Activities include: HIE procurement process, contracting, data sharing agreements, P&P, interfaces, pilots and operational HIE |
| Evaluation & Measurement | Green | Activities include: deploying measures and survey tools, reporting quarterly, building environment for data housing |
| Communications & Outreach | Green | Activities include: implementing communications plan, value propositions, and website |
| Scalability, Sustainability and Research | Green | Activities include: workgroup, sustainability plan, identify and pursue funding opportunities, develop scalability plan |

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HIT Workforce

| Midwest Community College HIT Consortium | | Updated 12/09/11 - monthly | | |
|---|----------|----------------------------|------|--------|
| Measure | Previous | Current | Goal | Status |
| Lansing Community College students enrolled | 86 | 83 | 200 | Green |
| Lansing Community College students placed in related jobs or current job expanded | 6 | 6 | | Green |
| Macomb Community College students enrolled | 203 | 288 | 300 | Green |
| Macomb Community College students placed in related jobs or current job expanded | 19 | 27 | | Green |
| Delta College students enrolled | 256 | 256 | 300 | Green |
| Delta College students placed in related jobs or current job expanded | 4 | 4 | | Green |
| Wayne Community College students enrolled | 307 | | 300 | Green |
| Wayne Community College students placed in related jobs or current job expanded | 7 | | | Green |

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HIT Commission Report to the Legislature

Background & Overview -- Beth Nagel, MDCH
Discussion: Modifications, Revisions -- Chair, All

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HIT Commission Annual Report

- The HIT Commission shall....**Annually, report and make recommendations** to the...
 1. Chairpersons of the standing committees of the house of representatives and senate with jurisdiction over issues pertaining to community health and information technology,
 2. The house of representatives and senate appropriations subcommittees on community health and information technology, and
 3. The senate and house fiscal agencies.

From PA 137-06, Section 2505, 1, h

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Outline of Annual Report

- **Introduction & Overview**
 - HIT Commission 2011 Membership
 - HIT Commission Schedule of 2011 Meetings

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Outline of Annual Report

- **2011 Review of Activity**
 - Develop and maintain a strategic plan
 - Identify critical issues affecting the adoption of HIT
 - MI HIT Dashboard
 - Michigan Center for Effective IT Adoption
 - HIT Workforce
 - Medicaid EHR Incentives
 - Increase the public's understanding of HIT
 - HIT Commission Leadership and Innovation Awards
 - Wiring Michigan Conference
 - Promote Health Information Exchange
 - Michigan Health Information Network
 - Southeast Michigan Beacon Community Collaborative
 - Identify strategies to monitor community health status
 - Public Health HIE Integration
 - Long Term Goals
 - MDCH Strategic Goals

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Outline of Annual Report

- **HIT Commission Recommendations**
 - Add to HIT Commission Membership
 - Expand Affordable Broadband
 - Include HIT in the MI Public Health Code
 - Address the Need for Consumer HIT Education
- **Forecast of 2012 Activity**
 - Identify critical issues affecting adoption of HIT
 - Unique Identification
 - HIT Public Forum
 - MI Health Marketplace
 - Increase the public's understanding of HIT
 - HIT Recognition program
 - Consumer Focused HIT
 - Reorganized HIT Commission Meetings

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Discussion

- Changes & Edits?
- Acceptance by HIT Commission?
- OK to distribute according to PA 137-2006?
- Improvements to the process for next year?

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M-CEITA

Report on Progress and Answers to HIT Commission Questions -- Andrea Walrath

Discussion: Public Input -- Chair, All

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M-CEITA | MICHIGAN CENTER FOR EFFECTIVE IT ADOPTION

Michigan's Health IT Regional Extension Center: M-CEITA

Report to the Michigan Department of Community Health & Michigan Health Information Technology Commission

December 2011

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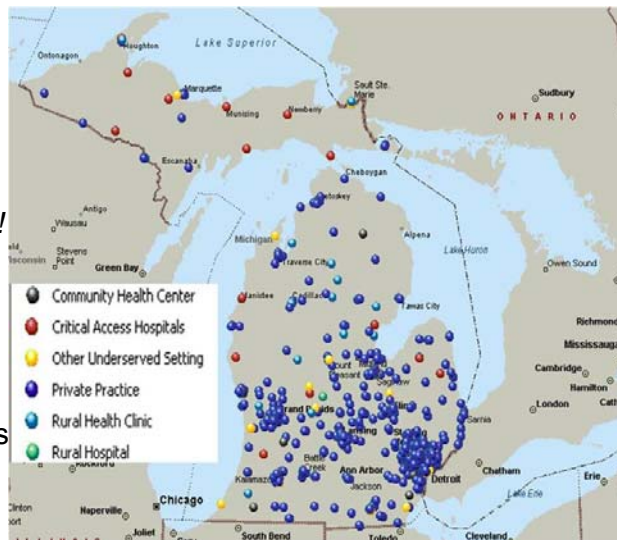
Topics Covered

- Program Milestones
- Finances
- Current Activities
- Requested topics:
 - M-CEITA pricing
 - Provider perspective
 - Process for determining sustainability

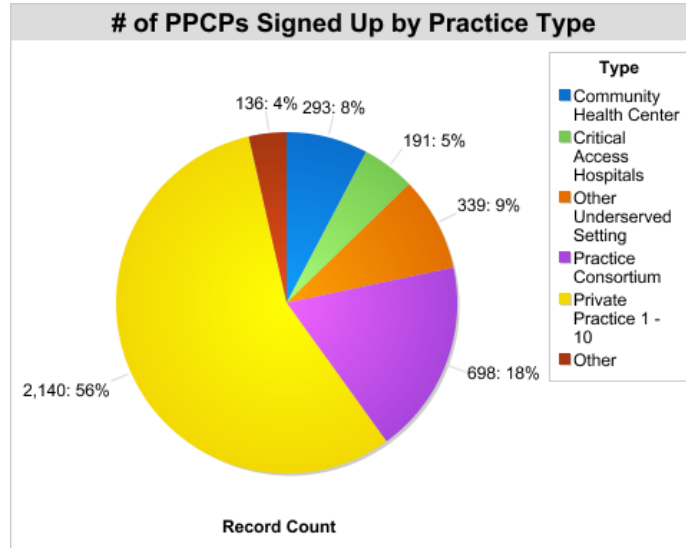
M-CEITA Practice Type and Location as of December 10, 2011

*M-CEITA
has exceeded
its recruitment
goal of
3,724 providers!*

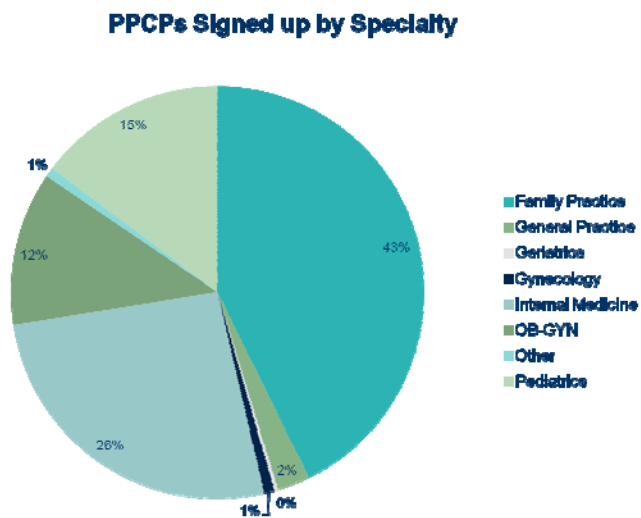
Currently
working
with **3,821**
providers across
Michigan



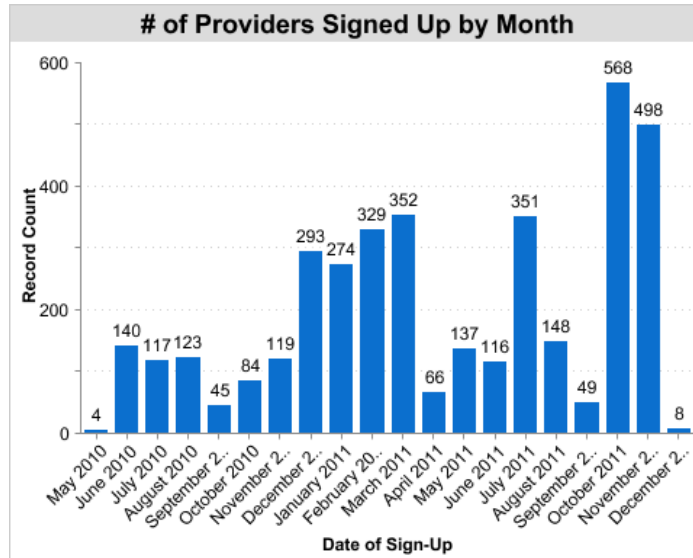
M-CEITA Provider Statistics



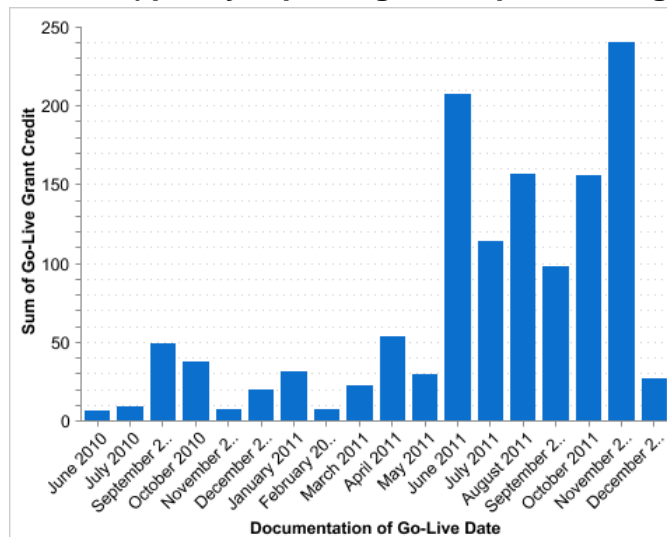
M-CEITA Provider Statistics



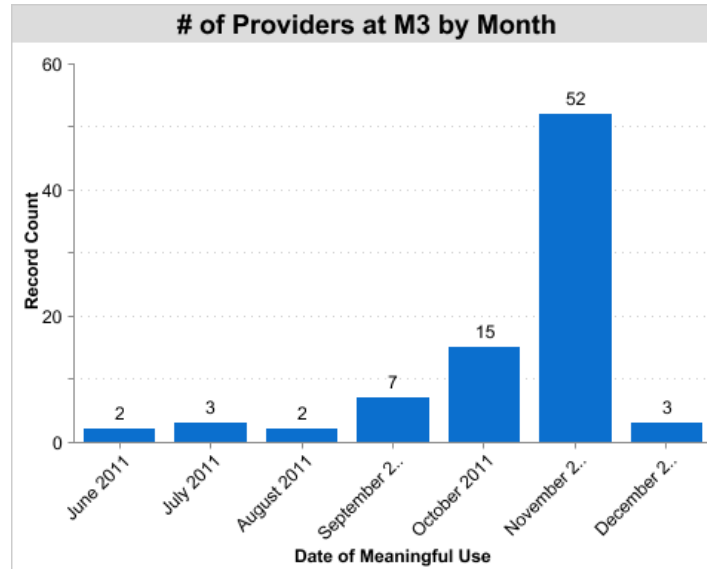
Milestone 1: Provider Sign-up



Milestone 2: EHR go-live or modular bundle (quality reporting and e-prescribing)



Milestone 3: Attest to Meaningful Use



Current Finances – through October 2011

Core Funding – 2 year Budget

Total value: \$1,500,000

| | |
|------------------|--------------|
| Total expended: | \$ 1,430,195 |
| Total remaining: | \$ 69,805 |

| | Incurred |
|---------|--------------|
| Altarum | \$ 1,441,209 |
| MCRH | \$ 42,791 |
| MAFP | \$ 16,000 |

Direct Funding – 4 year Budget*

Total de-restricted value: \$7,718,070**

| | |
|------------------|--------------|
| Total expended: | \$ 5,905,448 |
| Total remaining: | \$ 1,812,622 |

| | Incurred |
|---------|--------------|
| Altarum | \$ 3,939,773 |
| MPRO | \$ 839,186 |
| MPHI | \$ 805,937 |
| UPHCN | \$ 320,552 |

**Total contract ceiling: \$18,551,990

Current Finances, cont.

Kresge Grant

Total value: \$1,000,000

| | | |
|------------------|----|---------|
| Total expended: | \$ | 888,817 |
| Total remaining: | \$ | 111,183 |

| | Incurring |
|----------------|------------|
| Altarum | \$ 386,794 |
| MPRO | \$ 246,851 |
| MPHI | \$ 249,928 |
| Dennis Paradis | \$ 5,246 |

Provider Sign Up

| | | |
|----------------|----|---------|
| Fees received: | \$ | 315,825 |
|----------------|----|---------|

Match

| | | |
|------------------|----|-----------|
| Total committed: | \$ | 4,076,602 |
| Total incurred: | \$ | 2,231,611 |

| | Committed | Incurred |
|---------|--------------|------------|
| Altarum | \$ 2,251,999 | \$ 488,170 |
| MPRO | \$ 274,088 | \$ 44,127 |
| MPHI | \$ 253,866 | \$ 36,462 |
| UPHCN | \$ 296,649 | \$ 148,460 |
| BCBSM | \$ | \$ 625,575 |
| Kresge | \$ 1,000,000 | \$ 888,817 |

Overview of Current Activities

• Recruitment

- Overall M-CEITA focus on provider service delivery; increased M2 and M3 achievement
- Wait list for PPCP subsidized services will begin January 1, 2012

• Outreach & Education

- Actively fielding last-minute 2011 attestation questions
- New interactive website to launch this year

• New Strategic Partners

- United Physicians, IHA

• Training

- M-CEITA was well represented at ONC Annual Meeting in November
- Internal focus on re-aligning staff to direct assistance roles

M-CEITA Pricing

\$0 to \$500 based on the following:

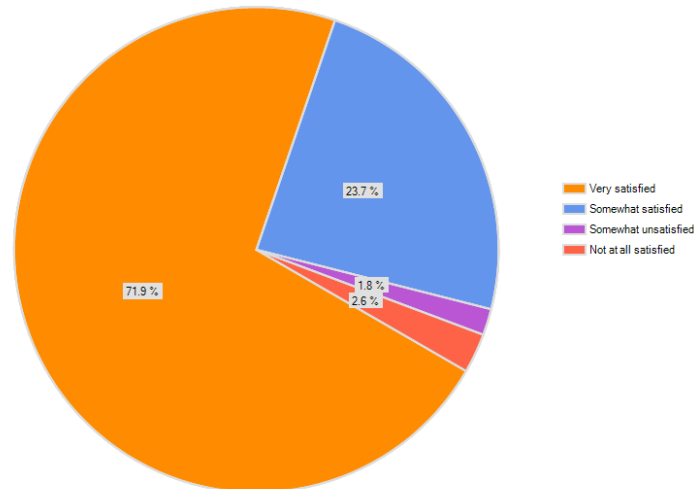
- Service to underserved populations
 - High-volume Medicaid, FQHCs, CAHs, RHCs etc.
- Volume purchases
 - i.e. Physician Organizations
- Adjustments to scope of services
 - Full scope versus supporting only attestation
 - Level of effort from partnering org (POs)
- Level of adoption at the practice
 - Based on the value of M-CEITA services to the provider. i.e. further along may require less M-CEITA time and effort

Provider Perspective

- Actively request feedback from provider offices as we work with them
- Participate with P.O. Steering Committee
- Regularly communicate with interested physician organizations
- Regular customer surveys
 - Spring 2011
 - Fall 2011 (results below)

Provider Perspective (cont'd)

Overall, how satisfied are you with M-CEITA services to your practice?



Provider Perspective (cont'd)

- “Tremendous help from M-CEITA with Menu 9 and MCIR. I could not have gotten through this part without help. Also with HIPAA and sending electronic messages. MU really a daunting process and I am now finally ready to attest.”
- “{M-CEITA team member} has provided invaluable information to us regarding selection and implementation of our EMR in a professional and understandable way. I recommended MCEITA to our PHO which has encouraged other practices to seek help from MCEITA.”
- “Glad to have a resource for questions about the MU program.”

M-CEITA Sustainability

- Per ONC, M-CEITA must continue as a resource for Michigan's provider community
- Currently brainstorming with ONC and other RECs about sustainability approaches
 - Intend to remain a non-profit entity
 - Seeking a diversified funding base
- Have (or will) request input from:
 - Subcontractors
 - Physician Organizations
 - Provider offices
 - Other ARRA funded HIT initiatives in Michigan
 - HIT Commission (comment section forthcoming)

Opportunity for Public Input

- **Before Speaking**
 - All speakers are asked to sign-in before the meeting and provide a mark in the box on the sign-in sheet that indicates the intention to provide comments.
 - Speakers will be called to speak based on the sign-in order.

Public Input Overview

1. Name Called from Sign-in Sheet
2. Public Input – 2 minutes
3. HIT Commission responds/inquires further – 3 minutes
4. Once all signed-in speakers have had a chance to provide input, the Chair may call for others

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State of Michigan HIE

Review & Update -- Laura Rappleye, Paul Groll

Discussion: Input from HIT Commission -- Chair, All

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SUPPORTING PUBLIC HEALTH MEANINGFUL USE OBJECTIVES

SOM HIE

December 15, 2011

PUBLIC HEALTH MU MENU OPTIONS

| Stage 1 Objective | Stage 1 Measure | Public Health System |
|---|---|---|
| Capability to submit electronic Syndromic surveillance data in accordance with applicable law and practice | Performed at least one test and follow-up submission if test successful | Michigan Syndromic Surveillance System (MSSS) or " Syndromic " |
| Capability to submit electronic data on reportable lab results and actual submission in accordance with applicable law and practice | Performed at least one test and follow-up submission if test successful | Michigan Disease Surveillance System (MDSS) |
| Capability to submit electronic data to immunization information systems in accordance with applicable law and practice | Performed at least one test and follow-up submission if test successful | Michigan Care Improvement Registry (MCIR) |

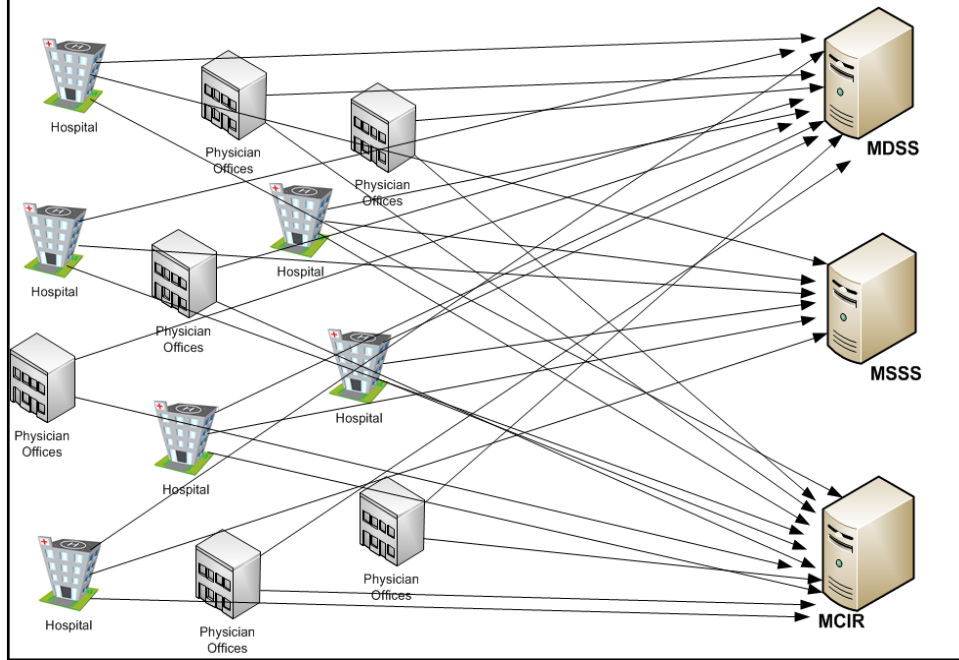
“ONE” TEST SUBMISSION PROCESS

- ◉ Online test registration
- ◉ Test instructions provided
- ◉ Test submitted (HTTPS Post)
- ◉ Test analyzed pass/fail recorded
- ◉ Letter from Public Health Meaningful Use Coordinator e-mailed after completion of this process
- ◉ Follow-up submission instructions provided

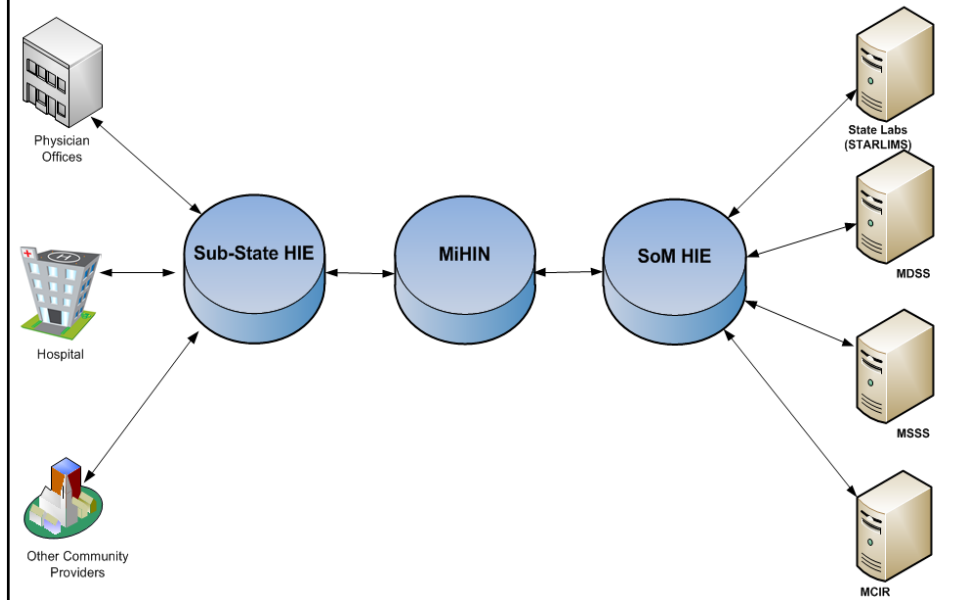
FOLLOW-UP SUBMISSION

- ◉ Data Quality Assurance Testing
 - Validate EHR captures the required data
 - Validate staff enters the required data
 - Validate the EHR contains the required vocabulary
 - Generate electronic messages
 - Submit messages for DQA
 - Receive production approval
 - Select a transport mechanism

Current Public Health Information Exchange In Michigan



The MiHIN Shared Services Model of Public Health Information Exchange In Michigan



MIHIN PUBLIC HEALTH USE CASES

Phase I

1. Send immunizations to MCIR
2. Send reportable labs to MDSS

Phase II and Beyond

?

COMMISSIONER INPUT NEEDED

- ◉ MCIR sends data to EHR
- ◉ EHR sends syndromic data to MSSS
- ◉ BOL sends lab results to EHR
- ◉ EHR sends reportable data to DCH (cancer, blood lead levels, hearing, birth defects, traumatic injuries)
- ◉ DCH sends health information to EHR



Commissioner Updates

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Public Comment

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Adjourn

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Extra Materials

December Update From MiHIN
Schedule of 2012 Meeting Dates

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MICHIGAN HEALTH INFORMATION NETWORK

HIT Commission Update December 2011



The MiHIN HIE Platform Has A Pulse

Just a quick word to say that the MiHIN Health Information Exchange Platform exists and has been configured for initial testing. Much more to come in the next six weeks, but the MiHIN technology is now official more than paper and ideas!

IT'S ALIVE!

| Completed Activities | | |
|--|--------------------------|---|
| Award to OptumInsight | September | ✓ |
| Contracts Provided to Sub-State HIEs and Approved for Funding | 1, 2, 3, 4, 5! | |
| Phase One Kick-Off Meeting | October 27 th | ✓ |
| Hire MiHIN Associate Director | November | ✓ |
| Qualified Organization Agreements Ready for Signature | December | ✓ |
| 1 st Draft MiHIN Interoperability Guide | December | ✓ |
| MiHIN HIE Platform Active (Our instance is now installed & Active) | December | ✓ |

EARLY PROGRESS

Copyright MiHIN 2011 51 **MiHIN**
Michigan Health Information Network

2012 Schedule

- **Third Thursday of the month:**
 - January 19
 - February 16
 - March 15
 - April 19
 - May 17
 - June 21
 - July 19
 - August 16
 - September 20
 - October 18
 - November 15
 - December 20

Held in Lansing at the Capital View Building, 1st Floor, Conference Rooms B&C

52 **MiHIN**



Our Mission

To provide education, outreach and technical assistance to improve the quality and value of health care delivery in our state as a partner in the Michigan Center for Effective IT Adoption (M-CEITA).

MPHI is a founding partner of M-CEITA, along with MPRO, UPHCN, Altarum, and members of the former Executive Committee. These organizations were convened by Altarum beginning in Summer/Fall of 2009 to plan the governance, focus, and activities of a Regional Extension Center for Michigan's providers.

Program Development

M-CEITA is a program operationalized at a local level to respond to local needs, but incorporating the tools and experience of many. MPRO provided many early tools that the partners have used and adapted. UPHCN developed models to incorporate support for PCMH development along with meaningful use of EHR. MPHI has developed a tracking database and project management process to organize delivery of field services across our diverse assigned regions. Michigan Medicaid provides information and responds quickly to all inquiries about individual providers. MDCH and the MICR Support Team at MPHI troubleshoot issues related to immunization registry data submission. LCC and Delta College have assisted us to educate our team members and identify potential staff. In return MPHI has supplied LCC with an instructor, and is currently collaborating to provide field experience to its students. Altarum manages communications and reporting to the ONC. Many provider organizations have actively collaborated with MPHI to ensure that our team understands and responds to the needs of their members. At the local level, MPHI works with entities including hospitals, POs, FQHCs, health departments and private practices. An approach that has worked well in some instances is to embed MPHI team members with EHR Implementation teams of the local entity – working side by side to implement and optimize systems to enhance quality of care and provider experience.

MPHI Team

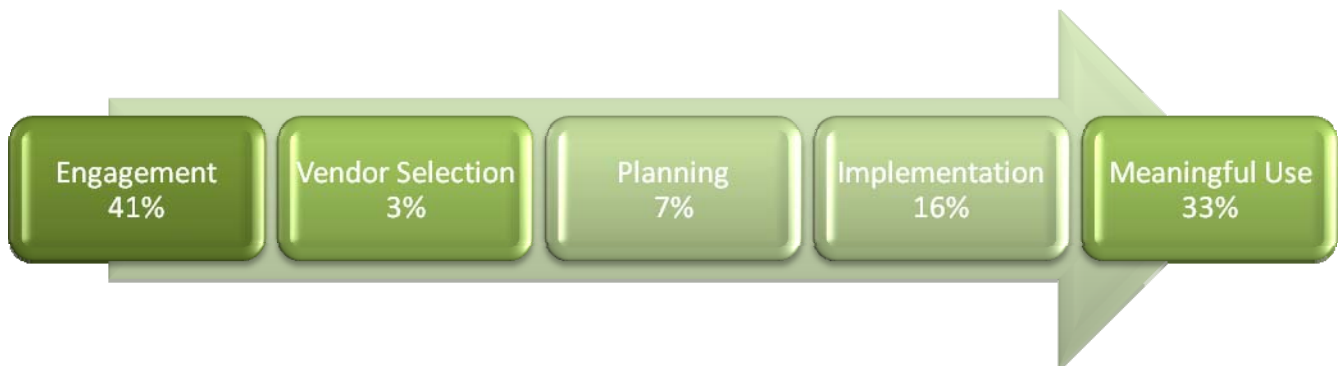
Ultimately, the quality of MPHI's service delivery rests in the hands of our EHR Implementation Support Specialists in the field. MPHI currently fields a team of 7 EHR Specialists across our region with a variety of experience including EHR Implementation, Practice Management, Billing, Nursing, Social Work, Project Management, Process Analysis, Quality Management and Information Technology. All team members are oriented toward provider advocacy, and client service.

MPHI's Progress

At present, MPHI serves 948 providers. Of these, 341 have reached Milestone 2 (Implementing and utilizing their new systems) and 26 have attained Milestone 3 (Meeting CMS Meaningful Use criteria).

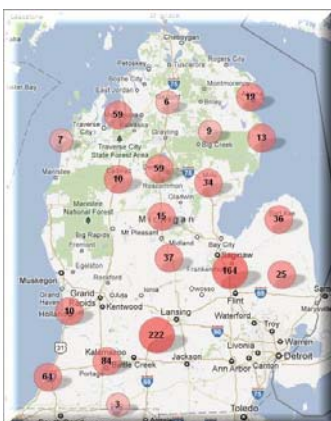
Recently, MPHI's Implementation team assisted 15 more Providers in successfully attesting to Meaningful Use (Milestone 3). We anticipate several others will also attest to Meaningful Use in 2011, as the 90-day reporting period is underway. MPHI is providing services to all of our signed clients.

Below is a summary of our client progress. The graphic below represents percentages of the providers we service at each stage of the process:



MPHI M-CEITA EHR Specialists located throughout the state service various types of providers, many of which are in rural and underserved counties. These providers often do not have the staff to do the research nor the IT background necessary to select and implement an EHR system on their own.

| MPHI Signed Providers by Type of Practice | | | | | |
|---|-------------------------|-------------------|---------------------|--------------------------|---------------------|
| Private Practice 1-10 | Community Health Center | Other Underserved | Rural Health Clinic | Critical Access Hospital | Practice Consortium |
| 379 | 181 | 251 | 53 | 55 | 29 |



M-CEITA has worked with various Provider Organizations (PO) to get the message out to the provider community. In many cases, POs have paid the fee for their members, helping M-CEITA increase participation.

M-CEITA has assisted practices by providing:

- Advocacy and assistance around vendor issues
- Hands-on assistance with the registration process
- Vendor selection
- Providing support and reassurance
- Change management support
- Workflow & Meaningful Use analysis

Words from our clients...

"...got my interface engine activated and successfully sent HL7 message. Yea. Thanks so much for your help. To me, this was a very involved and complicated process and could not have done it without the help of multiple people at M-CEITA and MCIR and e-mds. Now will get data together to attest...finally! Probably will do that early next week." -Dr. Simmons

"It is very overwhelming reading all the literature on the Meaningful Use EHR Incentive Program and trying to interpret it successfully. There are a lot of resources out there but sometimes that caused problems. I would at times read contradictory statements. It was very helpful to be able to rely on Patty Houghton at MPH/M-CEITA to find out directly from the State how to interpret the particular guidelines that were in question. We are looking forward to M-CEITA's support in the future with the Meaningful Use EHR program." -Sherri Appold, Finance Manager, Synergy Medical

"The conversion to EMR is difficult, but essential to bring medical practices into compliance with quality, privacy and patient access requirements. With a robust system and the Meaningful Use dollars, AHC has been able to support the staffing necessary to help all providers become comfortable and proficient with new systems. We are delighted with the support we have gotten from M-CEITA and EHS. Our ability to serve our patients has been markedly improved by using the electronic system to track needed services, chronic disease measures and patient trends. It's also been a great way for patients to become actively engaged in their own health care." -Chris Baumgardner, Executive Director for Alcona Health Center

"As an FQHC, our needs differ from that of a "traditional" primary care practice. It was important to us that these needs are understood by those who work with us. Our desire to improve our quality of care for those we serve has been a strong drive for us in the adoption of Electronic Health Records. We embarked on this journey knowing that the EHR adoption and Meaningful Use process was an overwhelming task, prompting us to look towards MCEITA for assistance. We have been very pleased with the services we have received from Patty Houghton through MCEITA services. She has took it upon herself to not only know and understand our needs but often times, she has brought to light needs and solutions before we even knew they existed. It is this kind of valuable trusting resource that we have come to count on through the whole process of selecting an EHR, registering for the Medicaid Incentive program, planning through workflow mapping, and now, preparation for putting Meaningful Use to work for our practices. Additionally, having a person to be in our corner such as Patty while working with the PM/EHR vendor through this process has been invaluable. Through this assistance we expect that our EHR will allow us to meet our quality goals and ensure that we are indeed able to provide top quality patient care for the medical communities that we serve. The Medicaid incentives are much needed to continue down our improvement path as the monies will allow for us to maintain/upgrade certified EHR technology and for meaningful use implementation to improve health care quality, efficiency and patient safety. Patty's assistance in making sure our I's are dotted and our T's are crossed provides us comfort in knowing that we will receive these much needed funds. I would not hesitate to refer MCEITA services to those who are seeking to find a trusting, reliable resource to help them too through their EHR process." -Eileen Chiang, CFO, Family Health Center

Beth Nagel - Written comment to HIT Commission re MCEITA

From: "Paul Ponstein" <Ponsteip@trinity-health.org>
To: <nagelb@michigan.gov>
Date: 12/13/2011 4:16 PM
Subject: Written comment to HIT Commission re MCEITA

Lakeshore Health Network, a west Michigan PHO, has approximately 160 PPCPs participating with MCEITA. We were an early proponent of developing a collaborative relationship with MCEITA facilitated by the PHO through integration of MCEITA personal with our IT team. MCEITA personal attend our Ambulatory Meaningful Use Oversight Committee, participate with our operations workgroup and work both side by side and independent of our PHO team in the offices. They are providing services for independent, employed and FQHC PCPs.

We have been very pleased with the field staff and the west Michigan leadership. We tend to avoid interaction with Altarum senior level leadership as our experience has shown them to be not very collaborative and more business/margin focused than supportive of our mission. Overall my PPCPs are receiving value from our engagement with MCEITA. We have four offices which have received their first payment and many, many more will by the end of 2012.

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God is simple. All the rest is complex.

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